

**Maryland Department of the Environment**  
**1800 Washington Boulevard • Baltimore MD 21230-1719**  
(410) 537-3311 • 1-800-633-6101 extension 3311 (within Maryland) • <http://www.mde.state.md.us>

**RESIDENTIAL HEATING OIL REIMBURSEMENT APPLICATION**

**Note:** -Applicant must be the owner of the property where the residential heating oil tank is located  
-Only residential heating oil tanks qualify for this program

***I.     Name:***

Applicant Name: \_\_\_\_\_

***II.    Phone Numbers to Contact you:***

Cellular:     (     ) \_\_\_\_\_  
Business:    (     ) \_\_\_\_\_  
Home:        (     ) \_\_\_\_\_

***III.   Department of the Environment Case Number:*** \_\_\_\_\_ *Unknown* \_\_\_\_\_

***IV.    Addresses:***

<i>Mailing:</i>	<i>Site: (if different from mailing address)</i>
_____	_____
_____	_____
_____	_____
_____	_____

***V.     Spill Information:***

Date heating oil spill discovered: \_\_\_\_\_  
Date MDE notified: \_\_\_\_\_  
Amount spilled: \_\_\_\_\_ Gallons  
Contractor performing corrective action: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone number: \_\_\_\_\_

***VI.    Insurance Information:***

Applicant's Insurance Company:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent: \_\_\_\_\_ Policy # \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Insurance Co. paying for part/all of the cleanup?     Yes \_\_\_\_\_     No \_\_\_\_\_

***VII.   Heating Oil Tank Information:***

Heating Oil Tank: Aboveground: Removed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Underground: Excavated: Yes \_\_\_\_\_ No \_\_\_\_\_  
Abandoned-In Place: Yes \_\_\_\_\_ No \_\_\_\_\_  
Size: \_\_\_\_\_ Gallons Age: \_\_\_\_\_ Years  
Did you install a new heating system? Yes \_\_\_\_\_ No \_\_\_\_\_  
Oil \_\_\_\_\_ Gas \_\_\_\_\_ Electric \_\_\_\_\_

**VIII. Utilities adjacent to or servicing your property: (check all that apply)**

Electric: Overhead \_\_\_\_\_ Underground \_\_\_\_\_  
Sewage: Public Sewer \_\_\_\_\_ Private Septic System \_\_\_\_\_  
Drinking Water: Public Supply \_\_\_\_\_ Private Domestic Well \_\_\_\_\_  
Natural Gas: Yes \_\_\_\_\_ No \_\_\_\_\_  
Public Storm Drain: Yes \_\_\_\_\_ No \_\_\_\_\_

**IX. Spill Location:**

Primary Residence: Yes \_\_\_\_\_ No \_\_\_\_\_  
Rental Property: Yes \_\_\_\_\_ No \_\_\_\_\_  
Dwelling Type: Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_  
Condominium \_\_\_\_\_ Duplex \_\_\_\_\_  
Other \_\_\_\_\_

Distance to adjacent neighbor's property: \_\_\_\_\_ Feet/Miles

Neighbors Property impacted by petroleum spill? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of impact: Soil contamination \_\_\_\_\_ Drinking Water \_\_\_\_\_  
Vapor problems \_\_\_\_\_ Other impacts \_\_\_\_\_

**X. Environmentally Sensitive Areas Located Near to your Property:**

Surface Water Name \_\_\_\_\_  
Distance from spill = \_\_\_\_\_ Feet/Miles

Domestic Well Owner \_\_\_\_\_  
(not on your property) Distance from spill = \_\_\_\_\_ Feet/Miles

Community Water Supply Owner \_\_\_\_\_  
Distance from spill = \_\_\_\_\_ Feet/Miles

Other (Describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XI. If the Spill was from an Underground Tank:**

Soils Impacted? Yes \_\_\_\_\_ No \_\_\_\_\_  
Soils Excavated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount Excavated? \_\_\_\_\_ Tons/Yards  
Groundwater Encountered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was there Oil Product on the Groundwater? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were there Additional Impacts? If so, please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. If the Spill was from an Aboveground Tank Located Outside your Residence:**

Soils Impacted? Yes \_\_\_\_\_ No \_\_\_\_\_  
Soils Excavated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount Excavated? \_\_\_\_\_ Tons/Yards  
Groundwater Encountered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was there Oil Product on the Groundwater? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were there Additional Impacts? If so, please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. If the Spill was from an Aboveground Tank located Inside your Residence:**

What Area of the House was the Tank Located?

Basement \_\_\_\_\_ Crawl space \_\_\_\_\_  
First floor \_\_\_\_\_ Other \_\_\_\_\_

What Type of Floor was Impacted by the Spill?

Concrete with: Wood \_\_\_\_\_ Concrete \_\_\_\_\_  
Ceramic Tile \_\_\_\_\_ Vinyl Tile \_\_\_\_\_  
Soil \_\_\_\_\_ Other \_\_\_\_\_

What Other Finished Areas were Impacted by the Spill?

Sheetrock/Drywall \_\_\_\_\_ Plaster \_\_\_\_\_ Wood Paneling \_\_\_\_\_  
Carpet \_\_\_\_\_ Other \_\_\_\_\_

**XIV. Petroleum Vapors:**

Did you/ Do you have Petroleum Vapors in your House? Yes \_\_\_\_\_ No \_\_\_\_\_

**XV. Analytical Samples:**

Were samples collected and analyzed? Yes \_\_\_\_\_ No \_\_\_\_\_

Sample types collected: Soil \_\_\_\_\_ Water \_\_\_\_\_ Air \_\_\_\_\_

Name of laboratory that performed analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XVI. Corrective Action:**

Please describe, on a separate page, all corrective actions that were completed at your property to remediate the spill and assess its impact to you and your neighbors. A copy of "Corrective Action Plan Guidelines" are included with this application.

***XVII. What Else do I need to Submit with this Application?***

Please provide copies of all analytical information, inspection reports, invoices for services and copies of cancelled checks or other verification that you have paid these invoices with this application.

***Certification (Notarized):***

Application is hereby made to the State of Maryland, Department of the Environment, Waste Management Administration. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, this information is true, complete, and accurate and the spill was not a result of a willful act. I further understand that if my application is approved that any costs incurred for replacement building materials will be for similar materials that were affected.

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Signature of Applicant

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Print Name of Applicant

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Date